

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/15/03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 95851 on date of service 09/25/02.

### **II. RATIONALE**

Neither party submitted an EOB for CPT code 95851 performed on 09/25/02. The service will be reviewed per the 1996 Medical Fee Guideline. The Range of Motion testing report for date of service 09/25/02 supports delivery of service per TWCC Rule 133.307(g)(3)(A-F). Reimbursement in the amount of \$36.00 is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of **\$36.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$36.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25<sup>th</sup> day of February 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

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